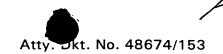
12-07-0



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

W

Applicant:

**Jennings** 

Title:

FIXED BLADE KNIFE LINER LOCK ADJUSTMENT METHOD AND

**APPARATUS** 

Appl. No.:

Unknown

Filing Date: Unknown

Examiner:

Unknown

Art Unit:

Unknown

**CERTIFICATE OF EXPRESS MAILING** hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post

Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

EL640467870US

December 6, 2000

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Karen M. Meier (Printed Name)

(Signature)

**UTILITY PATENT APPLICATION TRANSMITTAL** 

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

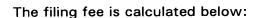
Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Jeffrey L. Jennings

## Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (20 pages).
- Informal drawings (7 sheets, Figures 1-8). [ X ]
- [ X ] Declaration and Power of Attorney (3 pages).
- [ ] Assignment of the invention to Alterra Holdings Corporation.
- [ ] Assignment Recordation Cover Sheet.
- Check in the amount of \$40.00 for Assignment recordation.
- [ ] Small Entity statement.
- [ ] Information Disclosure Statement.
- Form PTO-1449 with copies of \_\_\_ listed reference(s). [ ]

7



	Claims as Filed		ncluded in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee	-						\$710.00		\$710.00
Total Claims:	27	-	20	=	7	×	\$18.00	=	\$126.00
ndependents:	5		3	_ = '	2	×	\$80.00	=	\$160.00
If any Multiple Dependent Claim(s) present: + \$270.00								=	\$0.00
							SUBTOTAL:	=	\$996.00
[ ] Small Entity Fees Apply (subtract ½ of above): TOTAL FILING FEE:								=	\$0.00
								=	\$996.00

- [X] A check in the amount of \$996.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/6/0

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